Thank you for your interest in the U.S. Service Academies. Please complete the form below.

Contact Information

First Name Middle Name Last Name Date of Birth Social Security Nur Street Address	* * nber	*			
City, State, &	Zip Cod	е	,		
Telephone No.*					
Gender	*				
U.S. Citizen	*		Yes	No	
If not, list your country of citizenship:					
Parents/Guardians:					
Education Information Name of High School *					
High School Street Address					
City, State	, & *	Zip Code	,		
GPA	*				
Class Size/Rank	*		/		
Graduation Date	*				

^{*} indicates required information

Test Scores	SAT Scores
Math:	
Writing:	
Critical Reading	g:
Composite:	
ACT Scores	
English:	
Math:	
Reading:	
Science:	
Composite	
Academy Informa	ation
Number your prefe	erence (1 to 4) of academies — with 1 being your highest preference
U.S. Air Fo	rce Academy

U.S. Merchant Marine Academy

U.S. Military Acader	ny (West Point)
U.S. Naval Academ	у
An appointment to the	Service Academies is based on a desire by the candidate to devote a
lifetime of military servi	ce and implies recognition by the appointee of an obligation to the
government to devote	him / herself to a military career. Are you interested in an appointment on
that basis?	
Yes	No
Additional Information	Name of hometown newspaper :
Is it okay to use your n	ame in a press release after receiving a nomination or appointment?

\/	NI-
Yes	No

NOTE: Please include a list of your extra curricular activities and leadership responsibilities.

Print This Form

You can print and sign this form after you click the Generate Form button. The address information is located on this page and also on the print preview page.